

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cooperative of American Physicians IE Committee

ADDRESS (number and street)

333 S Hope St 8th Floor

Check if different
than previously
reported. (ACC)

Los Angeles

CA

90071

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492116

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
11 08 2016in the
State of

CA

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2016

through

M M / D D / Y Y Y Y Y Y
10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Olson, Rebecca, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Olson, Rebecca, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 25 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		910802.75
(b) Cash on Hand at Beginning of Reporting Period.....	823250.64	
(c) Total Receipts (from Line 19)	581.85	592011.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	823832.49	1502813.99
7. Total Disbursements (from Line 31).....	225110.56	904092.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	598721.93	598721.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	9		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	550.00	591395.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	550.00	591395.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	550.00	591395.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	31.85	616.24
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	581.85	592011.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	581.85	592011.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	65050.00	643685.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	65050.00	643685.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	160060.56	260406.12
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	225110.56	904092.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	225110.56	904092.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	550.00	591395.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	550.00	591395.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	65050.00	643685.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	65050.00	643685.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City
Los Angeles

State
CA

Zip Code
90071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

591395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2016

Transaction ID : 11AI-204

Amount of Each Receipt this Period

550.00

☐ Memo Item

In-Kind: Administrative Fees

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wells Fargo Bank

Mailing Address 333 S Grand Ave

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary

☐ General

☒ Other (specify) ▼

Calendar year

Aggregate Year-to-Date ▼

616.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : 17-202-O

Amount of Each Receipt this Period

31.85

☐ Memo Item
Interest Earned

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

31.85

TOTAL This Period (last page this line number only)..... ►

31.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Capitol Advocacy, LLC

Mailing Address 1301 I Street

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Consultant: Federal Public Policy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2016					

FEC Identification Number

C

Transaction ID : 21B-432

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Jones Consulting

Mailing Address 3245 Granite Creek Pl

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Independent Expenditure Subvendors Below

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			20			2016					

FEC Identification Number

C

Transaction ID : 21B-421

Amount of Each Disbursement this Period

0.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address 12501 Imperial Hwy #200

City
NorwalkState
CAZip Code
90650Purpose of Disbursement
Mailing List

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			14			2016					

FEC Identification Number

C

Transaction ID : 21B-417-S

Amount of Each Disbursement this Period

1023.86

☒ Memo Item SUBVENDOR to Chris Jones Consulting**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : 21B-418-S

Amount of Each Disbursement this Period

10322.38

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

Full Name (Last, First, Middle Initial)

B. Hareline Graphics

Mailing Address 2370 Geary Street

City
West SacramentoState
CAZip Code
95691Purpose of Disbursement
Graphic Design

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : 21B-416-S

Amount of Each Disbursement this Period

24285.24

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

Full Name (Last, First, Middle Initial)

C. Siciliani, Tony, , ,

Mailing Address 3003 O St

City
SacramentoState
CAZip Code
95816Purpose of Disbursement
Printing and Mailing

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : 21B-415-S

Amount of Each Disbursement this Period

10939.00

SUBVENDOR to Chris Jones

☒ Memo Item Consulting**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2016					

FEC Identification Number

C

Transaction ID : 21B-425-S

Amount of Each Disbursement this Period

4137.94

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

Full Name (Last, First, Middle Initial)

B. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2016					

FEC Identification Number

C

Transaction ID : 21B-429-S

Amount of Each Disbursement this Period

10322.38

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

Full Name (Last, First, Middle Initial)

C. Hareline Graphics

Mailing Address 2370 Geary Street

City
West SacramentoState
CAZip Code
95691Purpose of Disbursement
Graphic Design

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2016					

FEC Identification Number

C

Transaction ID : 21B-424-S

Amount of Each Disbursement this Period

1000.00

SUBVENDOR to Chris Jones

☒ Memo Item Consulting**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Hareline Graphics

Mailing Address 2370 Geary Street

City
West SacramentoState
CAZip Code
95691Purpose of Disbursement
Graphics

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2016					

FEC Identification Number

C

Transaction ID : 21B-428-S

Amount of Each Disbursement this Period

1550.00

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

Full Name (Last, First, Middle Initial)

B. Siciliani, Tony, , ,

Mailing Address 3003 O St

City
SacramentoState
CAZip Code
95816Purpose of Disbursement
Printing

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2016					

FEC Identification Number

C

Transaction ID : 21B-423-S

Amount of Each Disbursement this Period

4618.76

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

Full Name (Last, First, Middle Initial)

C. Siciliani, Tony, , ,

Mailing Address 3003 O St

City
SacramentoState
CAZip Code
95816Purpose of Disbursement
Printing & Mailing Expenses

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2016					

FEC Identification Number

C

Transaction ID : 21B-427-S

Amount of Each Disbursement this Period

10981.55

SUBVENDOR to Chris Jones

☒ Memo Item Consulting

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
In-Kind: Administrative Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2016			

FEC Identification Number

C**Transaction ID : 21B-204-N**

Amount of Each Disbursement this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Holland & Knight LLP

Mailing Address Post Office Box 864084

City
OrlandoState
FLZip Code
32886Purpose of Disbursement
Federal Public Policy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C**Transaction ID : 21B-410**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NMB Research, LLC

Mailing Address 206 N Fayette St

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C**Transaction ID : 21B-409**

Amount of Each Disbursement this Period

24000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. NMB Research, LLC

Mailing Address 206 N Fayette St

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C

Transaction ID : 21B-408

Amount of Each Disbursement this Period

18500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. P.M. Restaurants/Consulting, Inc.

Mailing Address PO Box 518

City
BreaState
CAZip Code
92822Purpose of Disbursement
Political Strategy Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C

Transaction ID : 21B-407

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PJM Creative

Mailing Address 1600 Countrywood Ct

City
Walnut CreekState
CAZip Code
94598Purpose of Disbursement
Independent Expenditure Subvendor Below

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				20				2016					

FEC Identification Number

C

Transaction ID : 21B-419

Amount of Each Disbursement this Period

0.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

30500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2016					

FEC Identification Number

C

Transaction ID : 21B-422-S

Amount of Each Disbursement this Period

8400.00

SUBVENDOR to PJM Creative

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

65050.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00492116 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input type="checkbox"/> Memo Item PJM Creative				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016										
Mailing Address 1600 Countrywood Ct				Amount 28976.16										
City Walnut Creek		State CA		Zip Code 94598										
Purpose of Expenditure Mailer				Category/Type 004										
Name of Federal Candidate: Hall, Isadore, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 44 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA										
Calendar Year-To-Date Per Election for Office Sought 100122.30				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item The Campaign Group, Inc.				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2016										
Mailing Address PO Box 2723				Amount 21490.00										
City La Jolla		State CA		Zip Code 92037										
Purpose of Expenditure Radio Advertising				Category/Type 004										
Name of Federal Candidate: Ruiz, Raul, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 36 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA										
Calendar Year-To-Date Per Election for Office Sought 63215.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">50466.16</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	50466.16	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	50466.16												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
<table style="width:100%;"> <tr> <td style="width: 35%; text-align: center;"> <i>Olson, Rebecca, , ,</i> Signature </td> <td style="width: 25%; text-align: center;"> [Electronically Filed] </td> <td style="width: 40%; text-align: center;"> Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2017 </td> </tr> </table>						<i>Olson, Rebecca, , ,</i> Signature	[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2017						
<i>Olson, Rebecca, , ,</i> Signature	[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2017												

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00492116 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Chris Jones Consulting			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 14 / 2016 </div>		
Mailing Address 3245 Granite Creek Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11681.32 </div>		
City Newcastle	State CA	Zip Code 95658	Transaction ID : E-413 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 14 / 2016 </div>		
Purpose of Expenditure Mailer		Category/Type 004			
Name of Federal Candidate: Aguilar, Pete, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22438.02 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Chris Jones Consulting			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 17 / 2016 </div>		
Mailing Address 3245 Granite Creek Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24285.24 </div>		
City Newcastle	State CA	Zip Code 95658	Transaction ID : E-414 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 14 / 2016 </div>		
Purpose of Expenditure Mailer		Category/Type 001			
Name of Federal Candidate: Denham, Jeff, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24285.24 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35966.56 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35966.56 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Olson, Rebecca, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 01 / 25 / 2017 	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00492116 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item PJM Creative				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016							
Mailing Address 1600 Countrywood Ct				Amount 21146.14							
City Walnut Creek		State CA		Zip Code 94598							
Purpose of Expenditure Mailer				Category/Type 004							
Name of Federal Candidate: Hall, Isadore, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 44 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA							
Calendar Year-To-Date Per Election for Office Sought 100122.30				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item The Campaign Group, Inc.				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016							
Mailing Address PO Box 2723				Amount 41725.00							
City La Jolla		State CA		Zip Code 92037							
Purpose of Expenditure Television Advertising				Category/Type 004							
Name of Federal Candidate: Ruiz, Raul, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 36 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA							
Calendar Year-To-Date Per Election for Office Sought 63215.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 62871.14</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 62871.14	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 62871.14										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Olson, Rebecca, , , Signature				Date MM / DD / YYYY 01 / 25 / 2017							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00492116 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Chris Jones Consulting			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 3245 Granite Creek Pl			Amount 10756.70	
City Newcastle	State CA	Zip Code 95658	Transaction ID : E-421 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016	
Purpose of Expenditure Mailer		Category/ Type 004		
Name of Federal Candidate: Aguilar, Pete, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 22438.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type 		
Name of Federal Candidate:			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			10756.70	
(a) SUBTOTAL of Unitemized Independent Expenditures			 	
(a) TOTAL Independent Expenditures			160060.56	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Olson, Rebecca, , , Signature			Date MM / DD / YYYY 01 / 25 / 2017	

[Electronically Filed]